



BRYCE YOKOMIZO  
Director

County of Los Angeles  
**DEPARTMENT OF PUBLIC SOCIAL SERVICES**

12860 CROSSROADS PARKWAY SOUTH • CITY OF INDUSTRY, CALIFORNIA 91746  
Tel (562) 908-8400 • Fax (562) 908-0459



December 28, 2004

**TO:** Each Supervisor

**FROM:** Bryce Yokomizo, Director

David Sanders, Ph.D.  
Director of Department of Children and Family Services

Marvin Southard, D.S.W. *DM for MJS*  
Director of Department of Mental Health

Board of Supervisors  
GLORIA MOLINA  
First District

YVONNE B. BURKE  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

**SUBJECT: REPORT ON PROTOCOL WITH MIDNIGHT MISSION  
(BOARD ORDER #61 – DECEMBER 14, 2004)**

This is to provide you with this week's report on the implementation of the protocol developed with the Midnight Mission in Skid Row to assist homeless families at the Mission.

We will continue to provide a weekly report to your Board through June 2005.

BY:fw

Attachment

c: Chief Administrative Office  
County Counsel  
Los Angeles Homeless Services Authority  
Public Counsel

**WEEKLY REPORT ON MIDNIGHT MISSION FAMILIES**  
**Week of Monday 12-20-2004 through Sunday 12-26-2004**

**A. Families referred to DPSS**

1. Number of families referred		<u>1</u>
a) Number of adults	<u>1</u>	
b) Number of children	<u>4</u>	
Ages 0 - 4	<u>0</u>	
Ages 5 - 10	<u>2</u>	
Ages 11 - 14	<u>1</u>	
Ages 15+	<u>1</u>	
2. Disposition of referrals		
a) Homeless Assistance		
1) Number of families to whom CalWORKs Homeless Assistance funding for shelter issued	<u>0</u>	
2) Number of families not eligible for CalWORKs Homeless Assistance funding and placed in a family shelter	<u>1</u>	
b) CalWORKs Status		
1) Number of families already on aid	<u>0</u>	
2) Number of families approved and issued CalWORKs	<u>1</u>	
3) Number of families denied	<u>0</u>	
Reasons for application denial:		
o did not return to the district office to complete the application process	<u>0</u>	
o subsequently determined ineligible	<u>0</u>	

**B. Reason for homelessness**

1. Evicted	<u>1</u>
2. Domestic violence	<u>0</u>
3. Moved from another county/state	<u>0</u>
4. Prior home declared uninhabitable	<u>0</u>
5. No other shelter available	<u>0</u>

**C. Case Management**

1. Specialized Supportive Services	
a) Number of families screened	<u>1</u>
b) Number of families referred for:	
o mental health services	<u>0</u>
o domestic violence services	<u>0</u>
o substance abuse services	<u>0</u>
2. Child Protective Services (CPS)	
Number families referred to DCFS	<u>0</u>